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10/05/2004 GWORDOF2 00000045 503145 10019210

01 FC:1501 1330.00 DA
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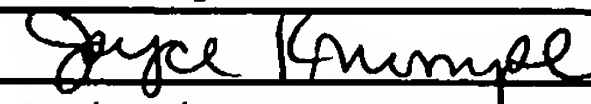
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Joyce Krumpal

(Depositor's name)



(Signature)

09/29/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/019,210	12/19/2001	Martin Griesser	AP9654	4021

TITLE OF INVENTION: METHOD AND DEVICE FOR CREATING A COMPENSATION VALUE TABLE FOR DETERMINING A TEST VARIABLE, AND FOR IDENTIFYING THE PRESSURE LOSS IN A TIRE OF A WHEEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELLINGTON, ALANDRA	2855	073-196000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list Honigman Miller Schwartz &

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1. _____ Cohn LLP

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Continental Teves AG & Co., OHG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Frankfurt, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-3145 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date)

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